

Exhibit 43



UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

IN RE PHARMACEUTICAL INDUSTRY
AVERAGE WHOLESALE PRICE
LITIGATION

MDL No. 1456

CIVIL ACTION: 01-CV-12257-PBS

Judge Patti B. Saris

THIS DOCUMENT RELATES TO
*State of Montana v. American Home Products
Corp., et al.*,
D. Mont. Cause No. CV- 02-09-H-DWM

**PHARMACIA'S ANSWER TO STATE OF MONTANA'S
SECOND AMENDED COMPLAINT**

Defendants Pharmacia Corporation and Pharmacia and Upjohn ("Pharmacia")
hereby respond and answer the State of Montana's Second Amended Complaint (the
"Complaint") as follows:

Preface

Prior to addressing the specific allegations of the numbered Paragraphs,
Pharmacia states the following general objections and responses to the Complaint as a
whole. The Complaint contains purported quotations from a number of sources, many of
which are unidentified. If any of the quotations originate in documents protected by the
attorney-client privilege, the work-product doctrine or the joint-defense privilege,
Pharmacia reserves the right to assert such privileges, hereby moves to strike such
references and demands return of any such documents that Plaintiff may have in its
possession, custody or control. In answering allegations consisting of quotations, an



Pharmacia denies the remaining allegations in Paragraph 1 of the Complaint that pertain to it.

2. Pharmacia admits that it is a manufacturer of pharmaceutical products. To the extent the allegations of this Paragraph refer to statutory or regulatory programs, the statutes, regulations and other sources regarding those programs speak for themselves, and any characterizations thereof are denied. To the extent the allegations in Paragraph 2 of the Complaint are directed to persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of the allegations and, therefore, denies those allegations. Pharmacia denies the remaining allegations in Paragraph 2 of the Complaint that pertain to it.

3. The allegations in Paragraph 3 contain Plaintiff's generalizations and self-serving conclusions. Accordingly, no answer is required and none is made. To the extent an answer is deemed to be required, the allegations are denied and strict proof is demanded thereof.

4. The allegations in Paragraph 4 contain Plaintiff's generalizations and self-serving conclusions. Accordingly, no answer is required and none is made. To the extent an answer is deemed to be required, the allegations are denied and strict proof is demanded thereof.

5. Pharmacia admits that some public drug reimbursement systems reimburse physicians and pharmacies based upon the AWP as published and reported by various compendia. Pharmacia is without sufficient knowledge or information sufficient to form a belief as to the truth of the allegations regarding private drug reimbursement and,



therefore, denies those allegations. Pharmacia denies the remaining allegations in Paragraph 5 of the Complaint that pertain to it.

6. Denied.

7. Pharmacia denies the existence of, and its participation in, any "AWP Inflation Scheme" as alleged in Paragraph 7 of the Complaint. To the extent the allegations in Paragraph 7 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations. To the extent the allegations of Paragraph 7 contain legal arguments or conclusions of law, no answer is required and none is made. Pharmacia denies the remaining allegations in Paragraph 7 of the Complaint that pertain to it.

8. Denied To the extent the allegations in Paragraph 8 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.

9. Denied. To the extent the allegations in Paragraph 9 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.

10. Denied. To the extent the allegations in Paragraph 10 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.

Exhibit 44

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

IN RE PHARMACEUTICAL INDUSTRY
AVERAGE WHOLESALE PRICE
LITIGATION

MDL No. 1456

CIVIL ACTION: 01-CV-12257-PBS

THIS DOCUMENT RELATES TO
*State of Montana v. American Home
Products Corp., et al.*,
D. Mont. Cause No. CV-02-09-H-DWM

Judge Patti B. Saris

**SICOR ANSWER TO
STATE OF MONTANA'S AMENDED COMPLAINT**

Defendant Sicor, Inc. and Sicor Pharmaceuticals, Inc. ("Sicor") hereby responds and answers State of Montana's Second Amended Complaint (the "Complaint") as follows:

Preface

Prior to addressing the specific allegations of the numbered Paragraphs, Sicor states the following general objections and responses to the Complaint as a whole. The Complaint contains purported quotations from a number of sources, many of which are unidentified. If any of the quotations originate in documents protected by the attorney client privilege, the work-product doctrine or the joint-defense privilege, Sicor reserves the right to assert such privileges, hereby moves to strike such references and demands return of any such documents that Plaintiff may have in its possession, custody or control. In answering allegations consisting of quotations, an admission that the material quoted was contained in a document or was uttered by the person or entity does not constitute an admission that the substantive content of the quote is or is not true or that the material is relevant or admissible in this action.

The Complaint also improperly and repetitively refers to Sicor and certain other defendants and third parties on a collective basis, failing to plead with requisite particularity

Complaint are directed to persons, entities or defendants other than Sicor, Sicor is without knowledge or information sufficient to form a belief as to the truth of the allegations and, therefore, denies those allegations.

3. The allegations in Paragraph 3 contain Plaintiff's generalizations and conclusions. Accordingly, no answer is required and none is made. To the extent an answer is necessary, the allegations are denied and strict proof is demanded thereof.

4. The allegations in Paragraph 4 contain Plaintiff's generalizations and conclusions. Accordingly, no answer is required and none is made. To the extent an answer is necessary, the allegations are denied and strict proof is demanded thereof.

5. Sicor admits that some public drug reimbursement systems reimburse physicians and pharmacies based upon the AWP as published and reported by various compendia. Sicor is without sufficient knowledge or information sufficient to form a belief as to the truth of the allegations regarding private drug reimbursement and, therefore, denies those allegations. Sicor denies the remaining allegations in Paragraph 5 of the Complaint that pertain to it.

6. Sicor admits that it has provided pricing information to various compendia. Sicor denies the existence of, and its participation in, any "AWP Inflation Scheme" as alleged in Paragraph 6 of the Complaint. To the extent the allegations in Paragraph 6 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Sicor, Sicor is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations. To the extent the allegations of Paragraph 6 contain legal arguments or conclusions of law, no answer is required and none is made. Sicor denies the remaining allegations in Paragraph 6 of the Complaint that pertain to it.

Exhibit 45

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
AK					
Medicare --- Part B	Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments, however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 85% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage continuation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, J0709) must also include the
name, strength and dosage for Anzemet in order for the drug to be handled by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Alabama				
State MA -- Medicaid Montgomery AL	Both formulations covered effective 11/24/97	Review Complete	Code for injectable being confirmed; Pharmacies use NDC WAC plus 8.2% and \$5.40 dispensing fee	Physician for injection being confirmed; Pharmacy reimbursed WAC plus 8.2% and \$5.40 dispensing fee

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payer Type	Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
AR					
Arkansas					
Medicare — Part B					
Arkansas Blue Cross Blue Shield		Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3480, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; However, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP
Little Rock AR					
State MA — Medicaid					
Medicaid		Both Formulations covered for labeled indications effective 10/28/87	Review complete	Physicians use J3480; Pharmacies use NDC	Physicians reimbursed AWP; Pharmacy reimbursed AWP less 10.5% plus dispensing
Little Rock AR					

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 80195) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Arizona				
Medicaid — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3480, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CFC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 90790) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
California				
Medicare -- Part B Transamerica Occidental Life Insurance Co. Los Angeles CA	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review in process. Subjects all injectables to local policy development. Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3480, Carrier excepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 90789) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 6, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Colorado				
Medicaid's — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 2/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectables use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowances based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP
State MA — Medicaid Medicaid Denver CO	Both formulations covered for labeled indications effective 11/18/97.	None scheduled	Physicians: to be verified; Pharmacies use NDC	To be verified

Please note for Medicaid Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Connecticut				
Medicaid — Part B United HealthCare, Incorporated East Hartford CT	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Hartford CT	Both formulations covered for labeled indications effective 11/2/97	Review complete	Physicians use J3490. Pharmacies use NDC	Physicians and pharmacy reimbursed AWP less 12%

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 92769) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
District of Columbia				
Medicare — Part B Xact Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use 80788, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers; allowances based on 100% of published AWP until 1/1/98 when allowances based on 85% of published AWP
State MA — Medicaid Medicaid Washington DC	Both formulations covered for labeled indications effective 10/28/87	Review Complete; State limits pharmacy benefit to self- administered only so injectable only covered as physician medical service	Physician use J3490; Pharmacies use NDC	Physicians reimbursed AWP; Pharmacies reimbursed AWP less 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 80788) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Include activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Delaware				
Medicare — Part B Xact Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use 90789, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/98 when allowances based on 85% of published AWP
State MA — Medicaid Medicaid New Castle DE	Both formulations covered for labeled indications effective 11/1/97	Review complete	Physicians use J3490; Pharmacies use NDC	To be confirmed

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490; 90789) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Florida				
Medicare — Part B Blue Cross Blue Shield of Florida Jacksonville FL	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCP/CS code assignment	Injectable use J2490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Tallahassee FL	Both formulations covered for labeled indications effective 11/9/97	None scheduled	Physicians use 90799; Pharmacies use NDC	Physicians: to be confirmed; Pharmacy reimbursed WAC plus 7% plus \$4.23 dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable (not using a miscellaneous code (e.g., J2490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plain text description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Georgia				
Medicare — Part B Calhoun Government Benefit Annaburgh Birmingham AL	Injectable covered for labeled indications incident to physician services effective 9/1/87	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490. Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage related in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/88 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Atlanta GA	Both formulations covered for labeled indications effective 11/24/87	Review complete	Prior auth must be obtained; Physicians use J3490; Pharmacies use NDC	Physicians and pharmacy reimbursed AWP less 10% plus \$4.41 dispensing; Physician administration fees not covered

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90789) must also include the
name, strength, and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzenet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 6, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claim Information	Payment Methodology
Plan Title, City and State				
Hawaii				
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 6/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzenet. Claims for Anzenet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the name, strength and dosage for Anzenet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 6, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Iowa				
State MA — Medicaid Medicaid Des Moines IA	Both formulations covered for labeled indications effective 10/25/97	Review complete	Physicians use J3480; Pharmacies use NDC	Physicians reimbursed AWP less 10% plus administrative fee; Pharmacy reimbursed AWP less 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payor Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Idaho				
Medicare — Part B Connecticut General Life Insurance Company Hartford CT	Injectable covered for labeled indications. Incident to physician services effective 8/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCP/CS code assignment	Injectable use J3480. Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comment; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

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Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Illinois				
Medicare — Part B Health Care Service Corporation Chicago IL	Injectable covered for labeled indications incident to physician services effective 9/1/87	Carrier review in process, subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/88 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Springfield IL	Both formulations can be covered with prior authorization until formulary determination made	State formulary review required, presentation to Drug & Therapeutics Committee in process by HMR	Code for physician billing of injection to be confirmed; for tablets, physicians and pharmacist contact 800 PA line with diagnosis, dosage, NDC	Physicians reimbursed acquisition plus 20%; pharmacy reimbursed AWP less 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzeiger Coverage Introduction Program Reimbursement Information by State

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Payor Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Indiana				
State MA --- Medicaid Medicaid Indianapolis IN	Both formulations covered for labeled indications effective 10/29/97	Review complete	Physicians use J3400; Pharmacies use NDC	Physicians to be confirmed; Pharmacy reimbursed AWP less 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Ancomet. Claims for Ancomet Injectable need using a miscellaneous code (e.g., J3480, 90799) must also include the name, strength and dosage for Ancomet in order for the drug to be identified by the plan and considered for reimbursement.

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anacet. Claims for Anacet Injectable[®] need using a miscellaneous code (e.g., J3460, J0799) must also include the following information:
Covered health care services for Anacet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
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Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
KS				
Kansas				
Medicare — Part B Blue Cross Blue Shield of Kansas Topika KS	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3480, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowances based on 100% of published AWP until 1/1/98 when allowance based on 85% of published AWP
State MA — Medicaid Medicaid Topika KS	Both formulations covered for labeled indications effective 10/29/97	Review complete	Physicians use J3480; Pharmacies use NDC	Physicians reimbursed AWP less 10% plus \$1-2; Pharmacy reimbursed AWP less 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plan:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 80769) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.

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Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Kentucky				
Medicare — Part B AetnaStar of Kentucky, Inc. Indianapolis IN	Injectable covered for labeled indications incident to physician services effective 9/11/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 11/1/98 when allowance based on 95% of published AWP

Please note: for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payor Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Louisiana				
Medicare --- Part B Arkansas BCBH-Louisiana Medicare Operations Little Rock AR	Injectable covered for labeled indications. Incident to physician services effective 6/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA --- Medicaid Medicaid Boston Rouge LA	Tablet covered for labeled indications effective 11/1/97; Injectable being confirmed	Tablet review complete	Physician code for injectable being confirmed; pharmacies use NDC	Physician reimbursement to be confirmed; Pharmacy reimbursed AWP less 10.5% plus dispensing

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

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Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Massachusetts				
State MA — Medicaid Medicaid Boston MA	Both formulations covered for labeled indications effective 10/28/97	Review complete	Physicians use J3490 and Invoice; Pharmacies use NDC and Invoice	Physicians reimbursed acquisition; Pharmacy reimbursed WAC plus 10% plus \$3 dispensing

MA

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90790) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 6, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Maryland				
Medicare — Part B Blue Cross Blue Shield of Texas/Trialblazer Dallas TX	Injectable covered for labeled indications incident to physician services effective 6/1/97	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
Medicare — Part B Xcel Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 6/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J0799, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Baltimore MD	Both formulations covered for labeled indications effective 1/1/97	None scheduled	Physicians use code Y5888 for injectable and invoice; Pharmacies use NDC	Physicians and pharmacy reimbursed WAC plus 10%

Phase note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, J0799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Maine				
State MA — Medicaid Medicaid Augusta ME	Both formulations covered effective 10/28/97	Review complete	Physician use J3490 for injectable with invoice; Pharmacies use NDC and invoice	Physician reimbursed acquisition; Pharmacy reimbursed AMP less 10%

Please note for Medicaid Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90789) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 31, 1997

Payer Type Plan Name, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Michigan				
Medicare — Part B Health Care Service Corporation Chicago, IL	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review in process, subjects all injectables to local policy development. Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comment; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Lansing, MI	Both formulations covered for labeled indications effective 12/1/97	Review complete	Physicians use J3490 with injectable. Pharmacies use NDC	Physicians reimbursed acquisition; Pharmacy reimbursed AWP less 13.5% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for this drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program
Reimbursement Information by State
 This report provides a plan by plan description of coverage information, grouped by state.
 Includes activity through December 6, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Minnesota				MIN
State MA — Medicaid Medicaid St. Paul MN	Both formulations covered for labeled indications effective 10/29/97	None scheduled	Physicians use J3490; Pharmacies use NDC	Physicians reimbursed AWP plus \$1.50 administrative fee; Pharmacy reimbursed AWP less 10% plus \$3.65 dispensing

Please note for Medicaid Part B and Medicaid State Plans:
 Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
 name, strength and dosage for Anzemet in order for the drug to be identified for reimbursement.

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Anzemet Coverage Introduction Program **Reimbursement Information by State**

This report provides a plain by plan description of coverage information, grouped by state.
 Includes activity through December 8, 1997

Payor Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Missouri				
Medicare — Part B Blue Cross Blue Shield of Kansas Topeka KS	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review in process, subjects all injectables to local policy development. Claims for injectable subject to individual consideration until national HCP/CS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Jefferson City MO	Both formulations covered for labeled indications effective 10/29/97	None scheduled	Physicians use J3490; Pharmacies use NDC	Physicians reimbursed AWP plus \$3.50; Pharmacy reimbursed AWP less 10.43% plus \$4.09, dispensing

Please note for Medicare Part B and Medicaid State Plans:
 Coverage continuation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
 name, strength and dosage for Anzemet in order for this drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
MS				
State MA — Medicaid Medicaid Jackson MS	Both formulations covered for labeled indications effective 11/10/97	None scheduled	Physicians use J3480; Pharmacies use NDC	Physicians: to be confirmed; Pharmacy reimbursed AWP less 10% plus \$4.91 dispensing
<p>Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable (not using a miscellaneous code (e.g., J3490, 90789) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.</p>				

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Anzemet Coverage Introduction Program Reimbursement Information by State

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Includes activity through December 8, 1997.

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
North Carolina				
Medicare -- Part B Connecticut General Life Insurance Company Hartford CT	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3400, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CIC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowances based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please plan for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3400, 90789) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

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Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
North Dakota				ND
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 8/11/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper billing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/88 when allowances based on 85% of published AWP
State MA — Medicaid Medicaid Bismark ND	Both formulations covered for labeled indications effective 10/29/87	None scheduled	Physicians use J3490; Pharmacies use NDC	Physicians reimbursed AWP less 10% less \$5 administrative fee; Pharmacy reimbursed AWP less 10.5% plus \$4.60 dispensing

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 34788) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

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Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
NE				
Nebraska				
Medicare — Part B Blue Cross Blue Shield of Kansas Topeka KS	Injectable covered for labeled indications incident to physician services effective 9/1/87	Carrier review in process, subjects all injectables to local policy development; Claims for injectables subject to individual consideration until national HCPCS code assignment	Injectable use J3480, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CSC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Lincoln NE	Both formulations covered for labeled indications effective 10/20/97	None scheduled	Physicians use J3480 and invoice; Pharmacies use NDC	Physicians reimbursed acquisition; Pharmacy reimbursed AWP less 8.71% plus dispensing

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3480, 90799) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997.

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
NH				
New Hampshire				
State MA -- Medicaid Medicaid Concord NH	Both formulations covered for labeled indications effective 10/28/97	None scheduled	Physicians use J3490; Pharmacies use NDC	To be confirmed

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90769) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

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Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
NJ				
Medicare — Part B Xcel Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 8/11/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use 90799, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CXC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Trenton NJ	Both formulations covered through pharmacy benefit effective 11/14/97	None scheduled; Plan doesn't accept miscellaneous J codes so no mechanism for physician claims filing for injection until national HCPCS code assignment; physicians routinely refer to pharmacy until national code assigned	Pharmacy use NDC	Pharmacy reimbursed AWP less 0-5% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:

Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
New Mexico				
State MA — Medicaid Medicaid Santa Fe NM	Both formulations covered for labeled indications effective 10/22/97	Review complete	Physicians use J3490 and Invoice: Pharmacies use NDC	Physicians reimbursed acquisition; Pharmacy reimbursed AMP less 12.5%.

NM

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable (not using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
NV				
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete. Claims for injectable subject to individual consideration until national HCPCS code assignment.	Injectable use J3490. Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage determination should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet (injectable) filed using a miscellaneous code (e.g., J3490, 80780) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program **Reimbursement Information by State**

This report provides a plan by plan description of coverage information, grouped by state.
 Includes activity through December 6, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
NY				
New York				
Medicare — Part B Blue Shield of Western New York Binghamton NY	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490. CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
Medicare — Part B Empire Medicare Services New York NY	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review in process; subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490. Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
 Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90790) must also include the
 name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997.

Payor Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
OH				
Medicare — Part B National Mutual Insurance Company Columbus OH	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review in process. Subjects all injectables to local policy development. Claims for injectable subject to individual consideration until national HCPCS code assignment.	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CIC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition.	National policy for all Part B carriers; allowance based on 100% of published AMP until 1/1/88 when allowance based on 95% of published AMP.
State MA — Medicaid Medicaid Columbus OH	Both formulations covered for labeled indications effective 10/25/87	State formulary review required, presentation to Drug & Therapeutics Committee in process by HMR	Physicians use 90789 with NDC; Pharmacists need prior auth and use NDC	Physicians reimbursed AMP plus \$2 administration; Pharmacy reimbursed AMP less 7.5% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Oklahoma				
State MA — Medicaid Medicaid Oklahoma City OK	Both formulations covered effective 11/24/97	Review complete	Physician for injection being confirmed; Pharmacy use NDC confirmed; Pharmacy reimbursement AWP less 10.5% plus \$4.15 dispensing	Physician for injection being confirmed; Pharmacy reimbursement AWP less 10.5% plus \$4.15 dispensing

OK

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet are payable if filed using a miscellaneous code (e.g., J0490, B0790) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

AP04454

AV-AAA-005278

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
OR				
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 01/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP unit 1/1/98 when allowance based on 95% of published AWP
<p>Please note for Medicare Part B and Medicaid State Plans: Coverage determination should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, J0195) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.</p>				

AP04455

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Docket no. CV 03 0083299 S (X07) (CDL)

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Prepared: December 8, 1997

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Pennsylvania				
Medicare -- Part B Exact Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 8/1/87.	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use 80799, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage route in comments; however, CRC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP
State MA -- Medicaid Medicaid Harrisburg PA	Both formulations covered for labeled indications effective 10/28/87	None scheduled	Physicians use J3480; Pharmacies use NDC	Physicians reimbursed AWP less 14%; Pharmacy reimbursed AWP less 10%

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3480, 80799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

AP04456

AV-AAA-005280

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payor Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Rhode Island				
Medicare — Part B Blue Cross Blue Shield of Rhode Island Providence RI	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/98 when allowance based on 85% of published AWP
State MA — Medicaid Medicaid Charlton RI	Both formulations covered for labeled indications effective 10/28/97	Review Complete	Physicians use J3490, reference NDC; Pharmacies use NDC	Physicians reimbursed AWP; Pharmacies reimbursed WAC plus 10% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet (Injectable) filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

Prepared: December 8, 1997

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
South Carolina				SC
Medicare — Part B Blue Cross Blue Shield of South Carolina Columbia SC	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete; Claims for injectable subject to individual consideration and national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage and ndc# noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/88 when allowance based on 85% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage continuation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90790) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 6, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
South Dakota				SD
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 01/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claim with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Pierre SD	Both formulations covered for labeled indications effective 10/28/97	Review Complete	Physicians use J3490 for Injection; Pharmacies use NDC	Physicians reimbursed AWP; Pharmacies reimbursed AWP less 10.5% plus \$4.75 dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90759) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzenet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Tennessee				
Medicare — Part B Connecticut General Life Insurance Company Hartford CT	Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CSR strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowances based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefit for Anzenet. Claims for Anzenet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the name, strength and dosage for Anzenet in order for the drug to be identified by the plan and considered for reimbursement.

Prepared: December 8, 1997

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Texas				
Medicare -- Part B Blue Cross Blue Shield of Texas Dallas TX	Injectable covered for labeled indications incident to physician services effective 5/1/97	Carrier review in process, subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CIC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 105% of published AWP until 1/1/98 when allowance based on 85% of published AWP
State MA -- Medicaid Medicaid Aurahi TX	Both formulations covered for labeled indications effective 1/1/4/87	Review Complete; Texas Vendor Drug Program covers tablets under pharmacy benefit and injectable in nursing home or home health; NHLJ covers injectable administered by physician in office/clinic	Physicians file injectable using J3490; Pharmacies use NDC	Physicians and Pharmacy reimbursed AWP less 10.5% plus administration and dispensing

Please note for Medication Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzenet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 31, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Cycling Information	Payment Methodology
Utah				
Medicare — Part B Blue Cross Blue Shield of Utah Salt Lake City UT	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CIC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 85% of published AWP
State MA — Medicaid Medicaid Salt Lake City UT	Both formulations covered for labeled indications effective 11/1/97	Review complete	Physicians use J3490; pharmacies use NDC	Physicians reimbursed AWP; Pharmacies reimbursed AWP less 12% plus dispensing

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzenet. Claims for Anzenet injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzenet in order for the drug to be identified by the plan and considered for reimbursement.

Prepared: December 31, 1997

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state. Includes activity through December 8, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Virginia				VA
Medicare — Part B Xcel Medicare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective 8/1/87	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use 90789. Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC recommends paper filing for improved carrier processing accuracy	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet injectable filed using a miscellaneous code (e.g., J3490, 90789) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.

Includes activity through December 5, 1997

Fayer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Vermont				
State MA — Medicaid Medicaid Wheatbury VT	Both formulations covered for: labeled indications effective 10/29/97	None Scheduled	Physicians use 80799 and invoice; Pharmacies use NDC	Physicians reimbursed acquisition; Pharmacy reimbursed ATP less 10%

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet (injectable) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Washington				
Medicare — Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician service effective 8/11/97	Carrier review complete; Claims for injectable subject to individual consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CIC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90799) must also include the
name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

Prepared: December 8, 1997

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzemet Coverage Introduction Program

Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.

Includes activity through December 6, 1997

Payer Type	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Plan Title, City and State				
Wisconsin				
Medicare — Part B Wisconsin Physicians Service Corporation Madison WI	Injectable covered for labeled indications incident to physician services effective 9/1/97	Carrier review in process, subjects all injectables to local policy development; Claims for injectable subject to individual consideration until national HCPGS code assignment	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage relied in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP
State MA — Medicaid Medicaid Madison WI	Both formulations covered for labeled indications effective 10/20/97	None scheduled	Physicians use J3490; Pharmacies use NDC	Physicians reimbursed AWP less 10%, plus \$3 administrative; pharmacy reimbursed AWP less 10% plus \$4.58 dispensing

Please Note for Medicaid Part B and Medicaid State Plans: Coverage confirmation should not be interpreted as a guarantee of benefits for Anzemet. Claims for Anzemet Injectable filed using a miscellaneous code (e.g., J3490, 90766) must also include the name, strength and dosage for Anzemet in order for the drug to be identified by the plan and considered for reimbursement.

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Anzenet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 31, 1997

Payer Type	Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
West Virginia					
Medicare — Part B Nationwide Mutual Insurance Company Columbus OH		Injectable covered for labeled indications incident to physician services effective 8/1/97	Carrier review in process, subject to injectables to local policy development. Claims for injectable subject to individual consideration until national HOPCS code assignment	Injectable use J3490, Carrier accepts electronic filing of microencapsule code claims with drug name, strength, dosage noted in comments; however, CRG strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers: allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzenet. Claims for Anzenet Injectable filed using a microencapsule code (e.g., J3490, 90399) must also include the
name, strength and dosage for Anzenet in order for the drug to be identified by the plan and considered for reimbursement.

AP04467

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Docket no. CV 03 0083299 S (X07) (CDL)

Anzenmet Coverage Introduction Program Reimbursement Information by State

This report provides a plan by plan description of coverage information, grouped by state.
Includes activity through December 8, 1997

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Wyoming				
Medicare -- Part B Blue Cross Blue Shield of North Dakota Fargo ND	Injectable covered for labeled indications incident to physician services effective 9/11/97	Carrier review complete; Claims for injectable subject to individual consideration and national HCPCS code assignment	Injectable use J3480; Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage noted in comments; however, CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers; allowance based on 100% of published AWP until 1/1/98 when allowance based on 95% of published AWP

Please note for Medicare Part B and Medicaid State Plans:
Coverage confirmation should not be interpreted as a guarantee of benefits for Anzenmet. Claims for Anzenmet Injectable filed using a miscellaneous code (e.g., J3480, J0790) must also include the
name, strength and dosage for Anzenmet in order for the drug to be identified by the plan and considered for reimbursement.

AP04468

AV-AAA-005292

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Docket no. CV 03 0083299 S (X07) (CDL)

Exhibit 46

IMMUNEX®

October 26, 2000

via Federal Express

Ms. Lola Nannas
Database Administration Manager
Red Book
Corporate Headquarters
Five Paragon Drive
Montvale, NJ 07645-1742

Re: 2001 Product Listing Verification


Dear Ms. Nannas,

As requested, enclosed please find an updated summary of list pricing and package information for Immunex products. Please note that Immunex Corporation is not responsible for setting the Average Wholesale Price (AWP). Therefore, we do not set or approve AWP information for any Immunex products.

Please note the contact information for Immunex has changed as indicated on the 2001 Product Listing Verification form.

Please feel free to contact me at (206) 587-0430, ext. 4846, should you have any questions.

Sincerely,


Sigrid M. Schreiner
Senior Manager
Healthcare Policy, Specialty Therapeutics

enclosures

Immunex Corporation
51 University Street, Seattle, Washington 98101-2936
t. 206.587.0430 f. 206.587.0808 www.immunex.com

IMNX 023482

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IAWP023473

7/9/96

SALES BY CLASS OF TRADE FOR THE PERIOD 4/ 1/96 - 6/28/96

4540	ERIE COUNTY MEDICAL CENTER	10	13	01	0	0	13
4540	HORTON MEDICAL CENTER	10	14	01	0	0	14
832	COLUMBIA PRESBYTERIAN MED CT	500	675	01	0	14	662
	Total Terms Code 01	727	1,102			22	1,080
288	ELMHURST HOSPITAL CENTER - PH	72	89	03	0	2	87
	Total Terms Code 03	72	89			2	87
	Total Trade Class 08	799	1,191			24	1,167

Methotrexate, 50mg LPF, 2ml, 1 Trade Class: 09

<u>Cust #</u>	<u>Customer Name</u>	<u>Units</u>	<u>Amount</u>	<u>Terms Code</u>	<u>Discount Percent</u>	<u>Discount Amount</u>	<u>Discounted Price</u>
2217	PUBLIC HEALTH SERVICE	675	824	01	0	16	807
	Total Terms Code 01	675	824			16	807
	Total Trade Class 09	675	824			16	807

Methotrexate, 50mg LPF, 2ml, 1 Trade Class: 11

<u>Cust #</u>	<u>Customer Name</u>	<u>Units</u>	<u>Amount</u>	<u>Terms Code</u>	<u>Discount Percent</u>	<u>Discount Amount</u>	<u>Discounted Price</u>
4520	KINGS COUNTY HOSPITAL	100	135	01	0	3	132
	Total Terms Code 01	100	135			3	132
	Total Trade Class 11	100	135			3	132

Methotrexate, 50mg LPF, 2ml, 1 Trade Class: 14

<u>Cust #</u>	<u>Customer Name</u>	<u>Units</u>	<u>Amount</u>	<u>Terms Code</u>	<u>Discount Percent</u>	<u>Discount Amount</u>	<u>Discounted Price</u>
11244	HARWOOD MEDICAL GROUP	30	59	01	0	1	58
1238	WOOSTER CLINIC	10	14	01	0	0	14
13168	RHEUMATOLOGY ASSOC OF HAMD	10	29	01	0	1	28
1458	ANDRADE, RIOLIN MD	10	29	01	0	1	28
148	PALO VERDE HEM/ONC LTD	140	405	01	0	8	397
1482	TEXAS ONCOLOGY - DENTON	376	539	01	0	11	528
15224	CRYAN, WILLIAM S MD	25	53	01	0	1	51
15833	WENATCHEE CLINIC PHARMACY	40	56	01	0	1	54
15945	PANAHI, GHAROON MD	5	14	01	0	0	14
16034	EASTERNS PHARMACY	30	87	01	0	2	85
16257	NEUWELT, MIKE MD	100	289	01	0	6	283
16425	MONTGOMERY RHEUMATOLOGY A	40	116	01	0	2	113
16540	KAHN, CHARLES B MD	2	6	01	0	0	6
16543	PORTUONDO, ALANZO MD	100	289	01	0	6	283

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IMNX 28110

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HIGHLY CONFIDENTIAL

IAWP028102

Immunex Corporation

IMMUNEX

January 12, 1995

VIA FAX

Roni Lane
Red Book
5 Paragon Drive
Montvale, NJ 07645

Dear Roni:

Below you will find a list of new suggested Average Wholesale Prices (AWPs) for selected Immunex products, along with a new NDC for NOVANTRONE® 25 mg, all effective January 10, 1995.

Product	NDC	New Suggested AWP
• LEUKINE® 250 mcg (Sargramostim)	58406-0002-01	\$109.44
• LEUKINE® 500 mcg (Sargramostim)	58406-0001-01	\$206.00
• NOVANTRONE® 20mg mitoxantrone for injection concentrate	58406-0640-03	\$640.82
• NOVANTRONE® 25mg mitoxantrone for injection concentrate	58406-0640-05	\$801.01
• NOVANTRONE® 30mg mitoxantrone for injection concentrate	00205-9393-36	\$961.24
• Thiotepe for injection	00005-4650-91	\$66.65

Also, please note that the following product will no longer be sold in single vials and will be available only in boxes of ten. Its AWP has been multiplied by ten and is in the table below. Each vial size has a new NDC and is now available under Immunex packaging. These changes are effective January 10, 1995.

Product	Old NDC	New NDC	New Suggested AWP
Leucovorin Calcium for Injection, preservative-free, cryodesiccated powder			
box of 10 vials			
50 mg	00205-5330-92	58406-0621-37	\$215.30
100 mg	00205-4646-94	58406-0622-35	\$394.10
350 mg	00205-4645-77	58406-0623-33	\$1379.40

Please update your databases accordingly. A new copy of Immunex's Average Wholesale Price Product Pricing Guide will be sent to you next week. If you have any questions, call me at (206) 389-4320. Thank you.

Sincerely,

Mary Lipinsky
Mary Lipinsky
Manager, Health Care Policy

IMNX 016507

cc: Laura Driscoll
Silvia Chang-Haines
Teresa Hedges
Jim Hynes
Kathleen Stamm

51 University Street, Seattle, Washington 98101
206.587.0430, Fax 206.587.0800

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IAWP016500